

medical school, they shed or lose that show of concern that they earlier seemed to have.

The increasing writing and talk—not clamor—about humanistic medicine and holistic health care is nurtured by those many patients who feel a lack of personal concern on the part of physicians. This is real and is based on a felt need. As such a movement gains credibility it attracts a deluge of hocus artists who profess concern for patients as whole persons, who are quick to decry good medicine, who *have* little or no basic knowledge and who display a pseudo-concern, claiming that they are humanistic or holistic. To those hangers-on or shirt-tail riders, I would say you are dangerous to your patients. To the profession I know and belong to I would say let us give thought to the whole spectrum of qualities that we think doctors should have—and let us bring such people into medicine. And to you serious students and practitioners of humanistic medicine I would say I wish you well and thank you for highlighting the unbalanced view of the needs and qualifications of physicians.

Holistic Medicine for Neurosurgeons

ROBERT RASKIND, MD

I READ WITH INTEREST the several articles on holistic health care, humanistic medicine and orthodox medicine, and I must say that I am not fully able to grasp the concepts implied.

More specifically, I have been criticized by several persons who are proponents of these dogmas both in my community and in the surrounding communities for my rather naive and, as they state, “inappropriate” approach to diseases of the central nervous system.

We deal with a number of intracranial space-occupying lesions from which, without their removal, a patient would either be dead or seriously impaired neurologically. As an example, I have one case of a 38-year-old man with a 3½-year history of what looks like an infiltrating glioma both on CAT scan and the subsequent angiograms. Needless to say, the standard neurosurgical advice

in such a situation would be craniotomy for excision of the lesion.

My critics tell me “that we should not treat the tumor, but should treat the patient.” This makes it very unclear to me as to exactly what my role in this patient’s care should be. They have strongly advised the patient and his family against operative intervention, and the questions I ask are (1) How can we go about preserving this patient’s life and (2) how can we go about alleviating his symptoms and preserve what neurological function is left without a direct attack upon the neoplasm?

There have been some equally vehement criticisms about the methods of dealing with life-threatening head injuries.

It would be helpful indeed if some of the advocates of holistic and/or humanistic medicine would give me guidelines for management of these life-threatening conditions.

Teaching Medical Students to Stay Healthy

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MUCH OF THE DISCUSSION in the forum on “Orthodox Medicine, Humanistic Medicine and Holistic Health Care” in the January and December issues actually dealt with the widening gap in Medicine between technological treatment of disease and promotion of health. An interesting and important aspect of this division occurs within Medicine: the health status of medical students.

Medical students are like the shoeless sons and daughters of the cobbler—so close to the institutions devoted to the study of health care, yet denying their own mortality, and living a lifestyle which places them at high risk for many diseases. They work exceedingly long hours, eat an abundance of convenience and fast foods, and study under constant stress. As a group, they usually get insufficient sleep and do not have enough time for exercise. This lifestyle is more destructive

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